EXHIBIT C

FORM B10 (Official Form 10) (10/05)					
Unfied States Bankruptcy Court			F Nevada		PROOF OF CLAIM
Name of Debtor USA Comercial Morgage Company	Case	Number (6-10725-LBR		
NOTI: This form should not be used to make a claim for an administrative expense me	strative exp ay be filed	ense ansi) pursuant t	ng after the commen o 11 U.S.C. § 503	cement	
Name of Creditor (The person or other entity to whom the			you are aware that a		
debtor owes money or property) Michael T McGrath Trustee of the 2001 Michael T McGrath Revocable Trust dated 12/11/01	you		a proof of claim rela littach copy of state: lars		
Name and address where notices should be sent Michael T McGrath	noti	ces from	you have never rece the bankruptcy cour		
66 Schanda Dr	Che		the address differs fi	rom the	
Newmarket, NH 03857-2151	add	ress on the	envelope sent to ye	_	THIS SPACE IS FOR COURT USE ONLY
Telephone number 561-596-8194 Last four digits of account or other number by which creditor		court. ck here	replaces		
identifies debtor	1	is claim	amends a previ	ously filed	i claim dated
1. Basis for Claim			tiree benefits as de	-	
Goods sold		□ W	ages salaries, and our digits of yo	compensat	ion (fill out below)
Services performed Money loaned			ist four digits of you ipaid compensation		ces performed
Personal injury/wrongful death		fre	om	to)
Taxes See Exhibit A			(date)		(date)
2. Date debt was incurred. 06/01/2004	3.	If cour	t judgment, date	obtained	
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	cribe you	r claim and state th	e amount o	of the claim at the time case filed
See reverse side for important explanations.		•	ed Claim		
Unsecured Nonpriority Claim \$ 268,860 73		0	Check this box if yo	ur claim is	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	er claim, or none or	a right	of setoff)		
Unsecured Priority Claim		1 6	Real Estate	Motor V	ehocle Other
Check this box if you have an unsecured claim all or part of	which is	1 7	Value of Collateral	s <u>unk</u>	nown
entitled to priority		Amou	nt of arrearage and	A REO T	es at time case filed included in
Amount entitled to priority \$		secure	d claim, if any \$_	+.00U /3	<u> </u>
Specify the priority of the claim					chase, lease, or rental of property is chold use - 11 USC
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a)	(7)		
	m 16V		•		tal units - 11 U S C § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned with days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier 11 U S C § 507(a)(4)	HOL'S			• •	of 11 USC \$ 507(a)()
I 🗂					NT and every 3 years thereafter rafter the date of adjustment.
Contributions to an employee benefit plan - 11 U S C. § 507(s Total Amount of Claim at Time Case Filed			30 73 268.66 0		268,660 73
Check this box if claim includes interest or other charges in ad	•	(taraccus	ed) (secured) (p	nority) (Total)
interest or additional charges. 6. Credits The amount of all newments on this claim has been			and for the comme	of 1	
 Credits The amount of all payments on this claim has been making this proof of claim. 	ii Credited (aja degud	ted for the purpose	ן זט	THE SINCE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting docum					
orders, invoices itemized statements of running accounts control				nky	ANI 1 9 2007
agreements and evidence of perfection of lien DO NOT SET documents are not available, explain If the documents are volu-	IMINONE *	tach a eu	TOMENIS IF	LED H	AN 1 2 2007
8. Date-Stamped Copy To receive an acknowledgment of the f				self-	
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any of file this claim (attach copy of power of atte	une credito orney, if an	r or other y)	person authorized	to .	
01/10/2007 MT Mi Seat To	us tea			ı	USA CMC

Penalty for presenting fruudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 L.

1072502289

Case Number Name of Debtor **USA Commercial Mortgage Company** 06-10725-LBR NOTE. See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has IF YOU ARE ONLY OWED MONEY BY A BORROWER filled a proof of claim relating administrative expense may be filed pursuant to 11 U.S.C. § 503 WHOSE LOAN IS BEING BERVICED BY THE to your claim. Attach copy of Name of Creditor and Address: statement giving particulars DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT 11321242033465 BORROWER HELD IN THE COLLECTION ACCOUNT Check box if you have ADDES, KENNETH IA never received any notices 100 W BROADWAY APT # 7V from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT LONG BEACH NY 11561 BMC Group in this case ONE OF THE DEBTORS. Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC, you do not need to file again envelope sent to you by the Creditor Telephone Number (514) 897 - 38 10/3820 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated if this claim or amends 1 BASIS FOR CLAIM Unremitted principal Retiree benefits as defined in 11 U S C § 1114(a) Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages, salaries, and compensation (fill out below) Services performed Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from _ _ to INTEREST (date) (date) 2 DATE DEBT WAS INCURRED. 3. IF COURT JUDGMENT, DATE OBTAINED. 4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM <u> LINSECURED NONPRIORITY CLAIM \$ 30,878,66</u> Check this box if your claim is secured by collateral (including Check this box if a) there is no colleteral or lien securing your claim, or b) your claim a right of setoff) exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM K Real Estate Motor Vehicle ☐ Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral Amount entitled to pnority Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 380,878,66 Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225° of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U S C § 507(a)(7) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business, whichever is earlier - 11 USC § 507(a)(4) Other - Specify applicable paragraph of 11 U S.C § 507(a) (____) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5. TOTAL AMOUNT OF CLAIM 350,000.00 380,878.66 AT TIME CASE FILED (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY. To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO-BMC Group FILED DEC 0 8 2006 Attn USACM Claims Docketing Center Attn. USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245 DATE SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Dubtor 45A COMMERCIAL MURTGAGE CO	TROOF OF CLAIM	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	ative expense arising after the commencement	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) ALG LIMITED, ANEVADA LIMITED, Name and address where notices should be senty DARTNIERS, EGOY VILLA GRANTO LANE		
GRANITE BAY, CA 95746-647 Telephone number	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously file	d claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXHIBIT A	Retiree benefits as defined in I Wages salaries and compensa Last four digits of your SS # Unpaid compensation for servi from	tion (fill out below)
2 Date debt was incurred /1/05 3	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations Unsecured Nonpriority Claim \$	Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collatera Real Estate Motor Value of Collateral \$\(\begin{align*}\text{Line}\) Amount of arrearage and other charks secured claim if any \$\(\begin{align*}\text{Line}\) Up to \$2,225* of deposits toward purfor services for personal family or how \$507(a)(7) Taxes or penalties owed to government of \$\(\beta\) Other - Specify applicable paragraph \$\(\beta\) *Amounts are subject to adjustment on 4/1	Tehnole Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional control of the charges in additional contr	\$\(\(\begin{align*} \) \(\begin{align*} \) \(\	Priority) (Total) In itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contrate agreements and evidence of perfection of lien DO NOT SENI documents are not available explain If the documents are volunt addressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file this claim (attach copy of power of attorn the state of the file the state of th	ous, such as promissory notes, purchase the court judgments, mortgages, security of ORIGINAL DOCUMENTS If the amous attach a summary and of your claim enclose a stamped, self-excreditor or other person authorized to ey, if any)	THIS SPACE IS FOR COURT USE ONLY ED JAN 0 9 2007 USA CMC

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	DD	OOF OF CLAIM		
	FIX	JOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>	—		
This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment	oense of an	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of	IF YOU ARE ON WHOSE LOAN I	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address	0	statement giving particulars	DEBTORS YOU OF CLAIM THIS	DO <u>NOT</u> HAVE TO FILE A PROOF SINCLUDES MONEY FROM THAT
ALAMO ANTONIO	•	Check box if you have	BORROWER HE	LD IN THE COLLECTION ACCOUNT
85 VENTANA CANYON DR		never received any notices from the bankruptcy court or	DO NOT FILE TI	IS PROOF OF CLAIM FOR A
LAS VEGAS NV 89113 ALAMO FAMILY TRUST DATED 12/30/	186	BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT BTORS
C/O ANTONIO C. ALAMO TRUSTEE	•	Check box if this address differs from the address on the	! .	ready filed a proof of claim with the
		envelope sent to you by the	i .	t or BMC you do not need to file again
Creditor Telephone Number (702) 617-4911 OR (702) 847-90 Last four digits of account or other number by which creditor identifies		court	THIS SPAC	E IS FOR COURT USE ONLY
CASE NO BK-S-06-10725 LBR	debtor-	Check here replace or if this claim amen	O MEALLOLIAN	y filed claim dated
1 BASIS FOR CLAIM	Potron h	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death			• ,,	
Services performed Taxes		salaries and compensation (finding its of your SS #	tii out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		ompensation for services per	formed from	to
		-		(date) (date)
2 DATE DEBT WAS INCURRED 4/18/05 6/14/05, 4/15/05 9/2	ng3 ⊪ Co	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	int of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$ UNKNOWN (SEE EXP	LATE A	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	Check this box it yo	ur claım ıs secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority		a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of	-	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	· · · · · · · · · · · · · · · · · · ·
Amount entitled to priority \$		Amount of arrearage an secured claim, if any: \$	d other charges	at time case filed included in
Specify the priority of the claim	_			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days	لـا	Up to \$2,225* of deposits towar services for personal family or	rd purchase lease	or rental of property or
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		
Solutions to an employee bettern plant 17 0 5 C 9 507(a)(5)		* Amounts are subject to adjust with respect to cases comment	tment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ UNKNOWN \$		\$	Sec on or after the	2 UNKNOWN
AT TIME CASE FILED (unsecured)	(se	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	•	•		
6 CREDITS The amount of all payments on this claim has been cred				•
7 SUPPORTING DOCUMENTS Attach copies of supporting documents	ments, suc	th as promissory notes, nurch	hase ordere invi	nices stammed atataments of
i ioning accounts, contracts court judginerits mortgages security a	areements	. and evidence of perfection (ntken DONO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the do DATE-STAMPED COPY To receive an acknowledgment of the				
proof of claim	illing or yo	di dam, endose a stampeo	seir-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent	by mail or	r hand delivered (FAXES NO	от г	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm.	prevailing	Pacific time, on November	r 13 2006	USE ONLY
for each person or entity (including individuals, partnerships, co governmental units)	orporation	is, joint ventures, trusts and	3	USA CIVIC
DMC Group	BY HAND O	R OVERNIGHT DELIVERY TO		1072500650
Attn USACM Claims Docketing Center	Attn USAC	M Claims Docketing Center	ı	
FI Commission Of COOKE COOK		Franklin Avenue CA 90245	= 11 !	ED OOT 1 8 2006
DATE / SIGN and print the name and title if any of the	creditor or		—— <u>FI</u>	10 00
this claim (attach early of power of attorni	ey if any)			

		e-06-10725-gwzDoc-8633	1-3 F n	tered 07/1<i>4/</i>11-15-	<u> 74·04 - Pac</u>	1 2 6 0f 11
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	Name of Debtor Case Nu		mber -			
USA	a Counted	eciac Moannire	06-	10725-LBR		
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Name of	Creditor and	Address		statement giving particulars.		
	7431 DORIE	1132124100187 S & WILLIE BANOS DR S CA 91307-5277	79	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEI If you have ain	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS Bady filed a proof of claim with the or BMC you do not need to file again
	lephone Number (court	THIS SPAC	E IS FOR COURT USE ONLY
Last four di	gits of account or	other number by which creditor identifies	debtor	Check here replace or replace or amen	 a previously 	filed claim dated
1 BASIS F	OR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods		Personal injury/wrongful death		salaries, and compensation (_	Other claims against servicer
	ces performed	Taxes		digits of your SS #		(not for loan balances)
Mone	y loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to
O DATE D	FDT WAS INCOME		10 IE 0	OUDT HUDOMENT DATE O		(date) (date)
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	se side for important		at Dest Goscii		unt of and older rate	THE WITH COOSE THOU
		TY CLAIM \$ 100,000		SECURED CLAIM Check this box if w	aur claim is secul	red by collateral (including
		s no collateral or lien securing your claim or by roperty securing it or if c) none or only part of y		a right of setoff)	ou dam is soon	or by whateral (including
entitled	to priority			Brief description of	collateral	
	ED PRIORITY CL			Real Estate	Motor Vehicle	Other
·	this box if you have a I to prionty	an unsecured claim all or part of which is		Value of Collateral	s	
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1	the priority of the cl	laim		secured claim, if any		at any case mod moded in
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1-		ssions (up to \$10 000)* earned within 180 days	s	services for personal family of		
before	filing of the bankrupt	tcy petition or cessation of the debtor's lier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
J		ree benefit plan 11 USC § 507(a)(5)		Other - Specify applicable part	• .	•
				* Amounts are subject to adjust with respect to cases commen		
	AMOUNT OF CLA	AIM \$ 100,000 \$		\$		\$ 100,000
AT TIME	E CASE FILED	(unsecured)	(s	ecured)	(prionty)	(Total)
Check t	this box if claim incli	ludes interest or other charges in addition to t	he principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
7 SUPPO	ORTING DOCUM accounts, contract MENTS If the doc BTAMPED COP	of all payments on this claim has been cre MENTS <u>Attach copies of supporting doc</u> cts court judgments, mortgages, security cuments are not available, explain If the PY To receive an acknowledgment of the	<i>uments,</i> su agreements documents	ch as promissory notes pure s, and evidence of perfection are voluminous, attach a sur	chase orders, inv of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL
ACCEP for eacl	TED) so that it is h person or entity	pleted proof of claim form must be ser actually received on or before 5 00 pn y (including individuals, partnerships,	n, prevallin	g Pacific time, on Novembe	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
governi By MAIL BMC Gr	mental units) . TO		BY HAND	OR OVERNIGHT DELIVERY TO	r II	ED JAN 1 6 2007
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POB	ox 911	-	1330 Eas	t Franklin Avenue	,	
	indo, CA 90245-09			do, CA 90245		
DATE	107	SIGN and prior the name and altie if any of the claim (attach coar of power of atto	ne creditor or mey if any)	other person authorized to file		USA CMC
L	•					1072502400

	Case	06	-107	25-gwz Doc	9633	PRO	OF OF CLAIM	34:04 Pag	e / of 11
						Coop Nu	mbar		
	ne of Debtor				ľ	Case Nu	mber		
)SA COMMERC					de	1072S-LBR	·	
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Na	me of Creditor and	Add	ress	ك علاق الله الله الله الله الله الله الله ا	1004000		statement giving particulars		
	WILLIAM A B 7431 DORIE WEST HILLS	DR		11321241 NGEL J BANOS -5277	1001680	,	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEI If you have aire	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS Bady filed a proof of claim with the or BMC you do not need to file again
	ditor Telephone Number						court	THIS SPAC	E IS FOR COURT USE ONLY
Las	t four digits of account or 1480	other	numb	er by which creditor ide	entifies d	lebtor [.]	Check here replace or if this claim amen	a previously	filed claim dated
1 8	ASIS FOR CLAIM					Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold Services performed		Persor Taxes	nal injury/wrongful deat	th 🗆	•	salanes, and compensation (fill out below)	Other claims against services (not for loan balances)
X	Money loaned		Other	(describe briefly)			compensation for services pe	rformed from	to
2 6	ATE DEBT WAS INCUR	RFD				3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 (AIM	Check	the appropriate box or bo	oxes that		the your claim and state the amo		he time case filed
	SECURED NONPRIORI						SECURED CLAIM	our daim is soon	and by colleteral (including
	Check this box if a) there is exceeds the value of the prentitled to priority	s no co	dateral	or lien securing your clai	m or b); part of yo	your claim ur claim is	a right of setoff)		red by collateral (including
UN	SECURED PRIORITY CL	.AJM					Brief description of	_	Почь
	Check this box if you have entitled to priority	an uns	ecured	claim all or part of which	ı IS		Value of Collateral		Other
	Amount entitled to priority		\$	- A - A - A - A - A - A - A - A - A - A			Amount of arrearage at secured claim if any		at time case filed included in
	Specify the priority of the c		44 11	100000000000000000000000000000000000000	\/4\/ D \	,			
	Domestic support obligation Wages salaries, or commit	ssions	(up to	\$10 000)* earned within 1		L	Up to \$2 225* of deposits town services for personal, family of	or household use -1	1 U S C § 507(a)(7)
-	before filing of the bankrup business whichever is earl					<u> </u>	Taxes or penalties owed to go Other - Specify applicable par		* · · · · ·
	Contributions to an employ	ee ber	nefit pla	n 11 USC § 507(a)(5)			* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 ar	nd every 3 years thereafter
	TOTAL AMOUNT OF CLA AT TIME CASE FILED	NM	\$ _	664,000	\$ _		\$		\$ <u>544,000</u>
_				(unsecured)	A	•	secured)	(priority)	(Total)
	Uneck this box if claim incl	udes I	nterest	or other charges in addi	uon to th	e principa	amount of the claim Attach ite	emized statement o	of all interest or additional charges
7 :	SUPPORTING DOCUI	WEN1	rs <u>At</u> ourt jud	tach copies of supports Igments, mortgages s	na docu ecurity a	<i>ments,</i> s greemen	deducted for the purpose of n uch as promissory notes pur- ts, and evidence of perfection are voluminous, attach a su	chase orders, inv n of lien DO NO	voices, itemized statements of
	DATE-STAMPED COR proof of claim	Υ .	To rec	eive an acknowledgme	ent of the	e filing of	your claim, enclose a stampe	d self-addressed	denvelope and copy of this
	ACCEPTED) so that it is	actu	ally re	ceived on or before :	5 00 pm	, prevaili	or hand delivered (FAXES in ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	BY MAIL TO BMC Group					BMC Gro			
	Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245				EII.	ED JAN 1 6 2007			
DA		SIGN		the pape and the if	any of th	e creditor o	or other person authorized to file	<u> </u>	
	1/11/07	A	this c	(altero) copy of powe	r of attor	ney Ifany)			USA CMC
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UNITED STATES BANKRUPTCY COURT				
	DISTRICT OF NEVADA	PROOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTCAGE Co.				
NOTE: This form should not be used to make a claim for an administrative expense in administrative expense in	istrative expense arising after the commencement by the filed pursuant to 11 U.S.C. § 503			
Name of Creditor (The person or other entity to whom the dubtor owes money or property) BARTKOWSKI Family TRUST	Check box if you are aware that anyon else has filed a proof of claim relating your claim. Attach copy of statement giving particulars.	e to		
Name and address where notices should be sent ROBERT C. LEPOME 10120 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-1271	Check box if you have never received notices from the bankruptcy court in t case. Check box if the address differs from the address on the envelope sent to you by the court.	his inc		
Last four digits of account or other number by which creditor identifies debior (0.396)	Check here replaces of this claim amends a previously	filed claim, dated		
1. Basis for Claum General Unse Services performed Money loaned Personal injury/wrongful death Taxes	Last four digits of your SS Unpaid compensation for s	ensation (fill out below) # services performedto		
Of Other NEGLICENCE & FRAUD	(date)	(date)		
2 Date debt was incurred: JAN 1, 2005 To APRIL 12, 2006	3. If court judgment, date obtain	red		
4 Classification of Claim. Check the appropriate box or boxes the Sec reverse side for important explanations. Unsecured Nonpriority Claim \$ 40,000 Check this box if. a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) nonly part of your claim is entitled to priority	Secured Claim Check this box if your claim	m is secured by collateral (including		
Unsecured Priority Clarm	teral or Vehicle Other			
Check this box if you have an unsecured claim all or part of we entitled to priority	harges at tune case filed included in			
Amount entitled to priority \$ Specify the priority of the claim				
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	9 (-)(-)	household use - 11 U S C		
Wages, salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier 11 U.S.C. § 507(a)(4)	*Amounts are subject to adjustment on	ph of 11 USC § 507(a)()		
Contributions to an employee benefit plan - 11 U.S C. § 507(a) Total Amount of Claim at Time Case Filed				
Check this box if claim includes interest or other charges in addrinterest or additional charges.	(unsecuted) (secured) tion to the principal amount of the claim. At	(priority) (Total) such itemized statement of all		
6. Credits: The amount of all payments on this claim has been of				
making this broot of ciaim		THIS SPACE IS FOR COURT USE ONLY		
orders, invoices, itemized statements of running accounts, contrac				
agreements, and evidence of perfection of lien DO NOT SEND documents are not available, explain If the documents are voluments are voluments.				
8 Date-Stamped Copy. To receive an acknowledgment of the filtr	FILED DEC 0 6 2006			
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of the				
13-04-06 The this train (sites copy of power of attorn	USA CMC			
ROBERT - LEPOME, A	MY FOR CLAIMANT			

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both. 18 U.S.C.

NOTE See Revenie for List of Debtors and Case Numbers This form should not be used to make a clean for an administration expense administrative segment and the proper service of an administrative expense administrative segment may be filled property of an administrative expense may be filled property of an administrative segment of a seg				OOF OF CLAIM		
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Dr., Gary L. Kantor, as Trustee for the Senecit of Kantor Nephrology Consultants, Ltd., 401 (k) Profit Sharing Plan C/O Michael M. Schmahl McGuireRoods LLP 7 N. Macket Dirtye, Suite 4100 Chicago, II 60601 Check bod If this address of the Michael M. Schmahl Chicago, II 60601 Check bod If this address of the Michael M. Schmahl Coult of Chicago, II 60601 Check bod If this address of the Michael M. Schmahl Coult of Chicago, II 60601 Check bod If this address of the Michael M. Schmahl Chicago, II 60601 Check bod If this address of the Michael M. Schmahl Chicago, II 60601 Check his bod If this address of the Michael M. Schmahl Chicago, II 60601 Check his bod If this address of the Michael M. Schmahl Chicago, II 60601 Check his bod If this address of the Michael M. Schmahl Chicago, II 60601 Check his bod If the Michael M. Schmahl Check his bod If the Michael M. Schmahl Check his bod If your Schmahl Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey. Check his bod If you have an unsecured dam all or pant of which is sentised to protey	This form should not be used arising after the commenceme administrative expense may be	to make a claim for an administrative expent of the case A "request" for payment of filed pursuant to 11 U S C § 503	ense of an	aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Security Telephone Telep	Dr. Gary L. Kantor, Kantor Nephrology C Sharing Plan c/o Michael M. Schm McGuireWoods LLP 77 W. Wacker Drive, Chicago, IL 60601	as Trustee for the Benefit o onsultants, Ltd., 401(k) Prof ahl Suite 4100	of it	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court	EST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again
BASIS FOR CLAIM	Last four digits of account or	other number by which creditor identifies	debtor	[7] ronlor	ces	
Goods sold Personal injurytwrongful death Services performed Taxes or pensation (fill out below) Other claims against servicer (not for ican balances) Last four digits of your SS # Unpaid compensation for services performed from See_Exhibit_A Unpaid compensation for services performed from Country See_Exhibit_A Unpaid compensation for services performed from Country Cou				Check here	. a previously	
See_Exhibit A	Goods sold Services performed	Taxes	Wages s Last four	salanes and compensation (in digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
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business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5) Contributions to an employee benefit plan 11 U S C § 507(a)(5) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Total. AMOUNT OF CLAIM § Unliquidated \$ \$ \$ Unliquidated AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous attach a summary. B DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn. USACM Claims Docketing Center P O Box 911	Wages salaries or commis	ssions (up to \$10 000) earned within 180 days	, <u> </u>	services for personal family of	or household use 1	1 U S C § 507(a)(7)
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7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain if the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the creditor or other grean authorized to file this claim (attach copy of power of attomey if any) Dr. Gary Kantor, as Trustee for the Benefact of Kantor Rephrology	Check this box if claim incli	•		·	,	· ·
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (Including individuals, partnerships, corporations, Joint ventures, trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 DATE SIGN and print the name and title If any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 1/12/07 Dr. Gary Kantor, as Trustee for the Benefit of Kantor Nephrology	7 SUPPORTING DOCUM running accounts contract DOCUMENTS If the doc 8 DATE-STAMPED COP	MENTS <u>Attach copies of supporting doctors</u> ats court judgments mortgages, security accuments are not available, explain. If the comments are not available, explain.	<u>uments,</u> su agreement documents	uch as promissory notes pure ts and evidence of perfection are voluminous attach a sur	chase orders involved in the contract of the c	oices itemized statements of T SEND ORIGINAL
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 SIGN and print the name and title If any of the creditor or other person authorized to the this claim (attach copy of power of attorney if any) 1/12/07 Dr. Gary Kantor, as Trustee for the Beneat of Kantor Nephrology	The original of this com ACCEPTED) so that it is for each person or entity governmental units)	actually received on or before 5 00 pm	n, prevailin corporatio	ng Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	USE ONLY
this claim (attach copy of power of attorney if any) 1/12/07 Dr. Gary Kantor, as Trustee for the Benefit of Kantor Nephrology	BY MAIL TO BMC Group Attn USACM Claims Doc P O Box 911 El Segundo CA 90245-09	911	BMC Gro Attn USA 1330 Eas El Segund	oup ACM Claims Docketing Cente at Franklin Avenue do CA 90245		
Consultants, Ltd., 401(k) Profit Sharing Plan by Michael M. Schmahl, Esq.	1/12/07	this claim (attach copy of power of attor Dr. Gary Kantor, as Trustee	ney if any) for the	Benefit of Kantor I	Nephrology	

FORM B10 (Office Boom 610) (10/05) WZ Doc 8633-3	B_ Ente	ered 07/14/11 15:34:04	Page 10 of 11
UNITED STATES BANKRUPTCY COURT	Dr	TRICT OF NEVADA	BENOT OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.		Number 06-10725	PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an administrative expense material to the case. A "request for payment of an administrative expense materials are administrative."			
Name of Creditor (The person or other entity to whom the debtor owes money or property) TEROME L. BLOCK AND CHARMA N BLOCK, H+W/W Rof S Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	else you givi	ck box if the address differs from the ress on the envelope sent to you by court.	ny Is
Last four digits of account or other number by which creditor identifies debtor 37/5	1	ck here in replaces is claim in amends a previously (filed claim dated
1. Basis for Claim General Unse Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other NEGLICENCE & FRAUD	ECURED 4	Returee benefits as defined a Wages, salaries, and compet Last four digits of your SS a Unpaid compensation for se from	nsation (fill out below)
2. Date debt was incurred. JAN 1, 2005 TO APRIL 12, 2006	3.	If court judgment, date obtain	ed•
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$_50_1000 10 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	or claim, or none or which is	Secured Claim Check this box if your claim a right of setoff). Brief Description of Collate Real Estate Motor Value of Collateral S_Amount of arrearage and other classicured claim, if any \$	n is secured by collateral (including teral or Vehicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	•	(unaccured) (secured)	(priority) (Total)
 Check this box if claim includes interest or other charges in add interest or additional charges. 	fition to th	e principal amount of the claim. At	tach itemized statement of all
 Credits The amount of all payments on this claim has been making this proof of claim. Supporting Documents: Attach copies of supporting documents, invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluity. 	ents, such acts, court D ORIGII	as promissory notes, purchase judgments, mortgages, security VAL DOCUMENTS If the	THIS SPACE IS HOR COURT US ONLY FILED DEC 0.7 2006
 Date-Staraped Copy. To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim 	ling of you	r claum, enclose a stamped, self-	
Date Sign and print the name and title if any, of the file this claim (attach copy of power of attor 12/07/06 Research for presenting foundation files from 6 in the 1500,000 and 12/07/06	ATTY F	BAR#1980 OR CLAIMANT	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	ımprısonm	ent for up to 5 years or both. 18 U.	1072501561

Case 06-10725-gwz Doc 8633-	3—Ent	ered 07/14/11 15:3	4:04 Pag	e 11 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim I	
			Amount/Classifica	ation
USA Commercial Mortgage Company	06-107	25-LBR	\$12 951 80 Unse	cured
	<u> </u>			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A 'request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts refle	cted above constitute your claim as
Name of Creditor and Address MICHAEL S BRAIDA IRA 1168 DOVER LN FOSTER CITY CA 94404 3609		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim you agree with the amounts set forth herein and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Conting Unliquidated or Disputed, a proof of claim must be filed.	
		differs from the address on the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 202 ~ 734 ~ 2400		envelope sent to you by the court		CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor		·	J . J . J . J J J . J J J J J J J J
10 5486		Check here repla of this claim amer	 a previously 	/ filed claim dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries and compensation	(fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (BTAINED	(33.0)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 13, 962			our claim is secu	ired by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of you	our claim ir claim is	a right of setoff)		, , , , ,
entitled to pnority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		e
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		4 MILLION
Amount entitled to priority \$				
		secured claim, if any	na otner cnarges \$	at time case filed included in
Specify the priority of the claim Demostra support obligations under 11 U.S.C. & E07(a)(1)(A) or (a)(1)(B)	-			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L_	Up to \$2 225* of deposits towa services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Г	Taxes or penalties owed to go		* ,,,,
business whichever is earlier 11 U S C § 507(a)(4)	Ē	Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ 17 9/2 \$	9-1	with respect to cases commen	ced on or after the	date of adjustment
AT TIME CASE FILED		<u>005</u> \$,	_ * 100, 967
Check this box if claim includes interest or other charges in addition to the		ecured) amount of the claim Attach ite	(pnority) emized statement ((Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments mortgages, security	<i>uments,</i> su	ich as promissory notes pur	chase orders in	voices, itemized statements of
DOCUMENTS If the documents are not available explain. If the	documents	s are voluminous, attach a si	ımmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	ed self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	ı, prevaili	ng Pacific time, on Noveml	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		USA CMC		
BMC Group	BMC Gro	•		
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente t Franklin Avenue	51	·
El Segundo CA 90245 0911		do CA 90245		FILED OCT 16 200
SIGN and print the name and title if any of the this claim (attach copy of prower of attorn		other person authorized to file		1 Habel OC
10/19/06 Muchael 1	Di	anda		